

TRANSMITTAL FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/582,035-Conf. #1665</td> </tr> <tr> <td>Filing Date</td> <td>May 7, 2007</td> </tr> <tr> <td>First Named Inventor</td> <td>Zheng Shen</td> </tr> <tr> <td>Art Unit</td> <td>4146</td> </tr> <tr> <td>Examiner Name</td> <td>R. T. Huber</td> </tr> <tr> <td>Attorney Docket Number</td> <td>GWS-009</td> </tr> </table>	Application Number	10/582,035-Conf. #1665	Filing Date	May 7, 2007	First Named Inventor	Zheng Shen	Art Unit	4146	Examiner Name	R. T. Huber	Attorney Docket Number	GWS-009
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(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission													

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Request for Continued Examination		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GOODWIN PROCTER LLP		
Signature	/Natasha Us/		
Printed name	Natasha Us		
Date	November 25, 2008	Reg. No.	44,381